

**ST. THOMAS HOSPITAL  
EMPLOYEES CREDIT UNION**

99 White Bridge Rd., Suite 201  
Nashville, Tennessee 37205  
Telephone: (615) 292-7828

Proof of income on all applicants is  
required at submission of application.



**Application**

**Married Applicants:** May apply for a separate account.  
**Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:  
 1. you live in or the property pledged as collateral is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI),  
 2. your spouse will use the account, or  
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.  
**Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.  
**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

**LOANLINER Account/Loan:**  
 (Including ATM/Debit Card Access to the Account if Available)  
 Amount Requested \$  
 Purpose/Collateral:  
 Repayment:

**PAYMENT PROTECTION** Are you interested in having your loan protected?  Yes  No  
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

<b>APPLICANT</b>	
NAME	
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	
BIRTH DATE	HOME PHONE BUSINESS PHONE/EXT.
EMAIL ADDRESS	
PRESENT ADDRESS	LENGTH AT RESIDENCE
PREVIOUS ADDRESS	LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:	
MARITAL STATUS:	
<b>EMPLOYMENT/INCOME</b>	\$
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
OTHER INCOME	
\$	SOURCE
\$	SOURCE
\$	SOURCE
\$	SOURCE
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?	
WHERE	ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE
	ENDING DATE
<b>REFERENCE</b>	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

<b>OTHER</b>		<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER
NAME				
MOTHER'S MAIDEN NAME		ACCOUNT NUMBER		
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER/STATE		
AGES OF DEPENDENTS				
BIRTH DATE		HOME PHONE BUSINESS PHONE/EXT.		
EMAIL ADDRESS				
PRESENT ADDRESS		LENGTH AT RESIDENCE		
PREVIOUS ADDRESS		LENGTH AT RESIDENCE		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:				
MARITAL STATUS:				
<b>EMPLOYMENT/INCOME</b>		\$		
NAME AND ADDRESS OF EMPLOYER				
TITLE/GRADE		START DATE HOURS AT WORK		
SUPERVISOR'S NAME		IF SELF EMPLOYED, TYPE OF BUSINESS		
<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				
OTHER INCOME				
\$	SOURCE			
\$	SOURCE			
\$	SOURCE			
\$	SOURCE			
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?				
WHERE		ENDING/SEPARATION DATE		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		STARTING DATE		
		ENDING DATE		
<b>REFERENCE</b>		RELATIONSHIP		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE		

